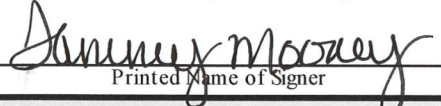



# Disclosure Report Cover

Amendment

☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

|   |   |   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|---|---|---|--------------------------------|--------------------|------------------|---------------------|-------------------|---|---|---|--|------------------------------------|---|--------------------------------------|--------------------------------|--------------------------------|---------------------------------------|---------------------------------|---|-------------------------------------|--------------------------------|---------------------------------|--------------------------------------|---------------------------------|----------------------------------|-----------------------------------|--------------------------------------|--|-----------------------------------|-----------------------------------|--|--------------------------------|-----------------------------------|--|----------------------------------|--------------------------------|--|--|----------------------------------|--|
| <b>1. Committee Information</b>   |   |   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>a. Full Name</b>   |   |   | <b>c. ID Number</b>            |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF  |   |   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>b. Mailing Address (include City, State and Zip Code)</b>  |   |   | <b>d. Date Filed</b>           |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| PO BOX 115<br>CARTHAGE, NC 28327-0115   |   |   | 01/04/2023                     |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |   | <b>e. Phone Number</b>         |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   |   | (910) 690-0645                 |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>2. Report Year</b>   | <b>3. Period Start Date (mm/dd/yy)</b>  | <b>4. Period End Date (mm/dd/yy)</b>  | <b>5. Treasurer Full Name</b>  |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 2022  | 10/23/2022                              | 12/31/2022  | TAMMY MOONEY                   |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>6. Type of Committee (Check One)</b>   |   | <b>9. Type of Report (check only one type of report from one category)</b>  |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party<br><input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund  |   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="background-color: #f2f2f2;"><b>Municipal</b></td> <td style="background-color: #f2f2f2;"><b>State/County</b></td> <td style="background-color: #f2f2f2;"><b>Referendum</b></td> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table> |                                |                    | <b>Municipal</b> | <b>State/County</b> | <b>Referendum</b> | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual |  | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year |  | <input type="checkbox"/> Final | <input type="checkbox"/> Year End |  | <input type="checkbox"/> Special | <input type="checkbox"/> Final |  |  | <input type="checkbox"/> Special |  |
| <b>Municipal</b>  | <b>State/County</b>                     | <b>Referendum</b>   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Organizational   | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Thirty-five day  | <input type="checkbox"/> Quarterly      | <input type="checkbox"/> Pre-referendum   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-primary  | <input type="checkbox"/> First          | <input type="checkbox"/> Final  |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-election   | <input type="checkbox"/> Second         | <input type="checkbox"/> Supplemental Final   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Pre-runoff   | <input type="checkbox"/> Third          | <input type="checkbox"/> Annual   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Semi-annual  | <input type="checkbox"/> Fourth         | <input type="checkbox"/> Special  |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Mid Year   | <input type="checkbox"/> Semi-annual    |   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Year End   | <input type="checkbox"/> Mid Year       |   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Final  | <input type="checkbox"/> Year End       |   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> Special  | <input type="checkbox"/> Final          |   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   | <input type="checkbox"/> Special        |   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>7. Type of Fund (if applicable, check one)</b>   |   | <b>10. Special Report Name</b>  |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><input type="checkbox"/> Other:   |   |   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>8. Number of Fundraisers this Report</b>   |   |   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| 0   |   |   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>3. Account Information</b>   |   | <b>3. Account Information</b>   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>a. Financial Institution Full Name</b>   |   | <b>a. Financial Institution Full Name</b>   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| FIRST BANK  |   |   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>b. Purpose</b>   | <b>c. Account Code</b>                  | <b>b. Purpose</b>   | <b>c. Account Code</b>         |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| CAMPAIGN FUND   | 01                                      |   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   | <b>d. Period Begin Balance</b>          |   | <b>d. Period Begin Balance</b> |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   | \$                                      |   | \$                             |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>CERTIFICATION</b>  |   |   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board |   |   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <br>Printed Name of Signer   |   | <br>Signature of Appointed Treasurer  |                                | 01/04/2023<br>Date |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>FOR OFFICE USE ONLY</b>  |   |   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Received:  | 1/4/2023                                | Employee:   | apb                            |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Postmarked:  |   | Employee:   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Scanned:   | JAN 04 2023                             | Employee:   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| Date Data Entered:  |   | Employee:   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
|   |   | <b>Delivery Method</b><br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input checked="" type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |
| <b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.   |   |   |                                |                    |                  |                     |                   |   |   |   |  |                                    |   |                                      |                                |                                |                                       |                                 |   |                                     |                                |                                 |                                      |                                 |                                  |                                   |                                      |  |                                   |                                   |  |                                |                                   |  |                                  |                                |  |  |                                  |  |

# Detailed Summary

Amendment  
☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information

|  |  |                                    |  |                                  |  |
|--|--|------------------------------------|--|----------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                       |  | <b>2. Type of Report</b>           |  | <b>3. ID Number</b>              |  |
| THE COMMITTEE TO ELECT RONNIE FIELDS<br>SHERIFF                              |  | 2022 Fourth Quarter                |  |                                  |  |
| <b>Start of Election Cycle: January 1, 2019</b>                              |  | <b>Total this Reporting Period</b> |  | <b>Total this Election Cycle</b> |  |
| 4) Cash on Hand at Start   |  | \$ 20,828.88                       |  | \$ 8,376.62                      |  |
| <b>RECEIPTS</b>  |  |                                    |  |                                  |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |  | \$ 0.00                            |  | \$ 873.55                        |  |
| 6) Contributions from Individuals (CRO-1210)                                 |  | \$ 1,125.67                        |  | \$ 48,734.33                     |  |
| 7) Contributions from Political Party Committees (CRO-1220)                  |  | \$ 0.00                            |  | \$ 1,000.00                      |  |
| 8) Contributions from Other Political Committees (CRO-1230)                  |  | \$ 0.00                            |  | \$ 250.00                        |  |
| 9) Loan Proceeds (CRO-1410)  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 10) Refunds/Reimbursements to the Committee (CRO-1240)                       |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11) Other Receipt Sources  |  |                                    |  |                                  |  |
| 11a) Interest on Bank Accounts (CRO-1250)                                    |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250)              |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11c) Outside Sources of Income (CRO-1250)                                    |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11d) Legal Expense Fund - Other Sources (CRO-1270)                           |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 11e) Exempt Purchase Price Sales (CRO-1265)                                  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |  | \$ 1,125.67                        |  | \$ 50,857.88                     |  |
| <b>EXPENDITURES</b>  |  |                                    |  |                                  |  |
| 13) Disbursements  |  |                                    |  |                                  |  |
| 13a) Operating Expenditures (CRO-1310)                                       |  | \$ 1,269.67                        |  | \$ 26,894.81                     |  |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             |  | \$ 0.00                            |  | \$ 5,500.00                      |  |
| 13c) Coordinated Party Expenditures (CRO-1310)                               |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             |  | \$ 0.00                            |  | \$ 17.60                         |  |
| 15) Loan Repayments (CRO-1420)   |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 17) In-Kind Contributions (CRO-1510)   |  | \$ 1,125.67                        |  | \$ 7,262.88                      |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  | \$ 2,395.34                        |  | \$ 39,675.29                     |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  | \$ 19,559.21                       |  | \$ 19,559.21                     |  |
| <b>ADDITIONAL INFORMATION</b>  |  |                                    |  |                                  |  |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                  |  | \$ 0.00                            |  |                                  |  |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)           |  | \$ 0.00                            |  |                                  |  |
| 22) Debts and Obligations owed by the Committee (CRO-1610)                   |  | \$ 0.00                            |  |                                  |  |
| 23) Debts and Obligations owed to the Committee (CRO-1620)                   |  | \$ 0.00                            |  |                                  |  |
| 24) Account Transfers Within the Committee (CRO-1720)                        |  | \$ 0.00                            |  |                                  |  |
| 25) Administrative Support (CRO-1710)  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 26) Forgiven Loans (CRO-1440)  |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 27) 48-Hour Notice Reports Sum (CRO-2220)                                    |  | \$ 0.00                            |  | \$ 0.00                          |  |
| 28) Contributions to be Refunded (CRO-1215)                                  |  | \$ 0.00                            |  | \$ 0.00                          |  |

# Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |  |                             |                                |  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |  |
| THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF   |                        |                           |  |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| LINDSEY B BUFMEYER<br>7 VINSON LN<br>PINEHURST, NC 28374   |                        |                           | ADMIN                                    |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | MOORE COUNTY SHERIFF<br>OFFICE           |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 145.16                      |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 01                     | In-Kind                   | POINSETTIA'S FOR<br>RE-APPOINTMENT       | 12/03/2022                  | \$ 86.61                       |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| RENEE FIELDS<br>PO BOX 1331<br>CARTHAGE, NC 28327-1331   |                        |                           | BOOKKEEPER                               |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | ROBBINS MAY AND RICH                     |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 1,039.06                    |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 01                     | In-Kind                   | RE-APPOINTMENT<br>REFRESHMENTS           | 12/04/2022                  | \$ 1,039.06                    |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 1,125.67                    |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |  |                             | \$ 1,125.67                    |  |

# Disbursements

Pg 1 of 1

Amendment  
☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

|  |                    |                 |                      |  |                     |                                     |  |
|--|--------------------|-----------------|----------------------|--|---------------------|-------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                    |                 |                      |  |                     | <b>2. ID Number</b>                 |  |
| THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF   |                    |                 |                      |  |                     |                                     |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>  |                    |                 |                      |  |                     |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                    |                 |                      |  |                     |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |                      |  |                     |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                 |                      | b. Coordinated Committee Name  |                     | d. Comments                         |  |
| LINDSEY B BUFMEYER<br>7 VINSON LN<br>PINEHURST, NC 28374   |                    |                 |                      |  |                     |                                     |  |
|  |                    |                 |                      | c. Level Registered (Specify)  |                     |                                     |  |
|  |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | e. Election Sum to Date             |  |
|  |                    |                 |                      |  |                     | \$ 86.61                            |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks |                                     |  |
| 01   | Check              | O               | 12/21/2022           | \$ 86.61   | REIMBURSEMENT FOR   |                                     |  |
|  |                    |                 |                      | \$   | LOWE'S HARDWARE     |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |                      |  |                     |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                 |                      | b. Coordinated Committee Name  |                     | d. Comments                         |  |
| RENEE FIELDS<br>PO BOX 1331<br>CARTHAGE, NC 28327-1331   |                    |                 |                      |  |                     |                                     |  |
|  |                    |                 |                      | c. Level Registered (Specify)  |                     |                                     |  |
|  |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | e. Election Sum to Date             |  |
|  |                    |                 |                      |  |                     | \$ 1,039.06                         |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks |                                     |  |
| 01   | Check              | O               | 12/05/2022           | \$ 1,039.06  | REIMBURSEMENT FOR   |                                     |  |
|  |                    |                 |                      | \$   | APPOINTMENT         |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                    |                 |                      |  |                     |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                    |                 |                      | b. Coordinated Committee Name  |                     | d. Comments                         |  |
| SQUARESPACE, INC<br>225 VARICK STREET, 12 FLOOR<br>NEW YORK, NY 10014  |                    |                 |                      |  |                     |                                     |  |
|  |                    |                 |                      | c. Level Registered (Specify)  |                     |                                     |  |
|  |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     | e. Election Sum to Date             |  |
|  |                    |                 |                      |  |                     | \$ 596.00                           |  |
| f. Account Code  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount  | k. Required Remarks |                                     |  |
| 01   | Debit Card         | A               | 11/10/2022           | \$ 144.00  | WEBSTIE RENEWAL     |                                     |  |
|  |                    |                 |                      | \$   |                     |                                     |  |
| <b>5. Total only this Page</b>   |                    |                 |                      |  |                     | \$ 1,269.67                         |  |
| <b>6. Total of ALL CRO-1310 Pages</b>  |                    |                 |                      |  |                     |                                     |  |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)   |                    |                 |                      |  |                     |                                     |  |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)   |                    |                 |                      |  |                     |                                     |  |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)   |                    |                 |                      |  |                     | \$ 1,269.67                         |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)   |                    |                 |                      |  |                     |                                     |  |
| A* - Media   |                    | B* - Printing   |                      | C* - Fundraising   |                     | D - To Another Candidate            |  |
| E - Salaries   |                    | F* - Equipment  |                      | G - Political Party  |                     | H* - Holding Public Office Expenses |  |
| I - Postage  |                    | J - Penalties   |                      | K* - Office Expenses   |                     | Q* - Donation to Legal Expense Fund |  |
| O* Other   |                    |                 |                      |  |                     |                                     |  |
| * Codes require detailed explanation in required remarks field (k)   |                    |                 |                      |  |                     |                                     |  |



# In-Kind Contributions

Pg 1 of 1

|                              |  |
|------------------------------|--|
| Amendment                    |  |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

|   |  |  |                              |
|---|--|--|------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |  | <b>2. ID Number</b>                            |                              |
| THE COMMITTEE TO ELECT RONNIE FIELDS SHERIFF  |  |  |                              |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |  |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                  |                              |
| LINDSEY B BUFMEYER<br>7 VINSON LN<br>PINEHURST, NC 28374  |  | <input checked="" type="checkbox"/> Individual |                              |
|   |  | <input type="checkbox"/> Candidate             |                              |
|   |  | <input type="checkbox"/> Party                 |                              |
|   |  | <input type="checkbox"/> PAC                   |                              |
|   |  | <input type="checkbox"/> Referendum            |                              |
|   |  | <input type="checkbox"/> Other Receipt Source  |                              |
|   |  | <b>d. Election Sum to Date</b>                 |                              |
|   |  | \$ 145.16                                      |                              |
| <b>e. Description</b>   |  | <b>f. Date (mm/dd/yyyy)</b>                    | <b>g. Fair Market Amount</b> |
| POINSETTIA'S FOR RE-APPOINTMENT CEREMONY  |  | 12/03/2022                                     | \$ 86.61                     |
|   |  |  | \$                           |
|   |  |  | \$                           |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |  |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                  |                              |
| RENEE FIELDS<br>PO BOX 1331<br>CARTHAGE, NC 28327-1331  |  | <input checked="" type="checkbox"/> Individual |                              |
|   |  | <input type="checkbox"/> Candidate             |                              |
|   |  | <input type="checkbox"/> Party                 |                              |
|   |  | <input type="checkbox"/> PAC                   |                              |
|   |  | <input type="checkbox"/> Referendum            |                              |
|   |  | <input type="checkbox"/> Other Receipt Source  |                              |
|   |  | <b>d. Election Sum to Date</b>                 |                              |
|   |  | \$ 1,039.06                                    |                              |
| <b>e. Description</b>   |  | <b>f. Date (mm/dd/yyyy)</b>                    | <b>g. Fair Market Amount</b> |
| RE-APPOINTMENT REFRESHMENTS   |  | 12/04/2022                                     | \$ 1,039.06                  |
|   |  |  | \$                           |
|   |  |  | \$                           |
| <b>4. Total only this Page</b>  |  | \$ 1,125.67                                    |                              |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100) |  | \$ 1,125.67                                    |                              |